

Ferree, Melissa A. (DNREC)

From: Ev Ashworth <EAshworth@algcorp.com>
Sent: Wednesday, December 24, 2014 3:31 PM
To: Ferree, Melissa A. (DNREC)
Cc: Corash, Michele; Sam Ghezavat
Subject: FW: BE - Delaware Operations
Attachments: DE EPA ID Applications 12-23-14.final executed.pdf; Manifest 005798808JJK.COPY to DNREC.PDF

Melissa:

Your colleagues at the front desk are not in, and I thought it better to send an email than provide a voice mail. I write to update you on the status of Bloom Energy's applications for a temporary EPA waste ID. Given that the Christmas holiday is now upon us, we thought it best to provide the following:

- 1) Attached are the applications for the temporary waste ID. We fully understand that DNREC will not process the applications until Bloom has identified the licensed transporter and the TSDF where the used canisters will be shipped for treatment, storage and disposal. However, the process of putting in place contracts with the TSDF has taken a bit more time that we appreciated at the onset, as the canisters are unique to BE's operations (as opposed to a standard 55 gallon waste container). Sam Ghezavat and his colleagues at BE are working diligently on this issue, and have been in contact with several TSDFs and are close to executing the necessary agreements. The licensed transporter should not be an issue – thanks for forwarding over the list.
- 2) Note that the applications identify LQG status for only two facilities: BE Redlion and BE Brookside. The other two facilities will accumulate hazardous waste below the 2,200 pound/month threshold.
- 3) We have completed the training of all BE staff at all four facilities. The LQG facilities have written training plans and contingency plans in place, and we will have records of training/weekly inspections in place too.
- 4) We will keep you posted on the selection of the TSDF – we are seeking letters of acceptance from the TSDF and expect to receive these shortly.
- 5) We attach an example of the Uniform Waste Manifests that we have for shipment of the hazardous wastes from Unitcat in Texas to the TSDF. You've asked us for a single example, but let us know if you need additional manifests.
- 6) Note that the applications provide a single RCRA waste code: D018 (benzene). We confirmed with Sam G. and Bloom that metals that were identified were based on California only testing (California uses a different waste extraction test than the EPA TCLP). We have confirmed that RCRA metals are below EPA's established toxicity threshold for RCRA metals.

Thanks again for your help in coordinating the Temporary ID for BE. I'd welcome a call or email if there are any questions, etc. – it's best to reach my on my cell until Monday, December 29 when I'll be back in the office.

My colleagues here join me in extending our best wishes for the Christmas holiday.

Best, Ev




Everard Ashworth | Principal

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This message contains information which may be confidential and privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not use, copy or disclose to anyone the message or any information contained in the message. If you have received the message in error, please advise the sender by reply e-mail and delete the message.

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3. Site Name	Name: BE Manufacturing Center Delaware		
4. Site Location Information	Street Address: 200 Christina Parkway City, Town, or Village: Newark County: New Castle State: Delaware Country: United States Zip Code: 19713		
5. Site Land Type	<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit)	A. 335999 C. B. D.		
7. Site Mailing Address	Street or P.O. Box: 1299 Orleans Drive City, Town, or Village: Sunnyvale State: CA Country: United States Zip Code: 94089		
8. Site Contact Person	First Name: Sam MI: Last: Ghezavat Title: EHS Director Street or P.O. Box: 1299 Orleans Drive City, Town or Village: Sunnyvale State: CA Country: United States Zip Code: 94089 Email: Sam.Ghezavat@bloomenergy.com Phone: 408-203-6895 Ext.: Fax: 408-541-1725		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: 1743 Holdings, LLC/University of Delaware Date Became Owner: 11/23/2009 Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 124 Hullihen Hall City, Town, or Village: Newark Phone: 302-831-2792 State: DE Country: United States Zip Code: 19716 B. Name of Site's Operator: Bloom Energy Corporation (Yellow Jacket Energy LLC) Date Became Operator: 7/31/2013 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

Y ☐ N ☒ 5. Transporter of Hazardous Waste
If "Yes", mark all that apply.

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; **or** Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; **or** Generates, in any calendar month, **or** accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

☐ b. Transfer Facility (at your site)

Y ☐ N ☒ 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒ 7. Recycler of Hazardous Waste

Y ☐ N ☒ 8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☒ N ☐ 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒ 3. United States Importer of Hazardous Waste

Y ☐ N ☒ 9. Underground Injection Control

Y ☐ N ☒ 4. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ 10. Receives Hazardous Waste from Offsite

C. Used Oil Activities; Complete all parts 1-4..

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- ☐ a. Batteries
- ☐ b. Pesticides
- ☐ c. Mercury containing equipment
- ☐ d. Lamps
- ☐ e. Other (specify)
- ☐ f. Other (specify)
- ☐ g. Other (specify)

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-Refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner

Y ☐ N ☒ 3. Used Oil Fuel Marketer

Y ☐ N ☒ 1. Used Oil Fuel Marketer
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

☐ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible]

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

[illegible]

12. Notification of Hazardous Secondary Material (HSM) Activity

☐ **N** ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Per discussions with DNREC staff (Melissa Ferree) this temporary EPA ID is required for the one time shipment of desulfurization canisters.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative


Name and Official Title (type or print)

Date Signed (mm/dd/yyyy)

Sam. Ghezavat

Sam Ghezavat – EHS Director

12-23-14

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
10. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
11. Site EPA ID Number	EPA ID Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
12. Site Name	Name: BE Redlion		
13. Site Location Information	Street Address: 1493 River Road		
	City, Town, or Village: New Castle		County: New Castle
	State: Delaware	Country: United States	Zip Code: 19720
14. Site Land Type	<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other		
15. NAICS Code(s) for the Site (at least 5-digit)	A. 221118		C.
	B.		D.
16. Site Mailing Address	Street or P.O. Box: 1299 Orleans Drive		
	City, Town, or Village: Sunnyvale		
	State: CA	Country: United States	Zip Code: 94089
17. Site Contact Person	First Name: Sam	MI:	Last: Ghezavat
	Title: EHS Director		
	Street or P.O. Box: 1299 Orleans Drive		
	City, Town or Village: Sunnyvale		
	State: CA	Country: United States	Zip Code: 94089
	Email: Sam.Ghezavat@bloomenergy.com		
	Phone: 408-203-6895	Ext.:	Fax: 408-541-1725
18. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Delmarva Power & Light Company		Date Became Owner: 1/1/1900
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: Delmarva 401 Eagle Run Road		
	City, Town, or Village: Newark		Phone: 800-375-7117
	State: DE	Country: United States	Zip Code: 19702
	B. Name of Site's Operator: Diamond State Generation Partners, LLC		Date Became Operator: 12/12/2012
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**E. Hazardous Waste Activities; Complete all parts 1-10.****Y ☒ N ☐ 1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; **or** Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; **or** Generates, in any calendar month, **or** accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☒ N ☐ 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.**Y ☐ N ☒ 3. United States Importer of Hazardous Waste****Y ☐ N ☒ 4. Mixed Waste (hazardous and radioactive) Generator****Y ☐ N ☒ 5. Transporter of Hazardous Waste**
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒ 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.**Y ☐ N ☒ 7. Recycler of Hazardous Waste****Y ☐ N ☒ 8. Exempt Boiler and/or Industrial Furnace** If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒ 9. Underground Injection Control**Y ☐ N ☒ 10. Receives Hazardous Waste from Offsite****F. Universal Waste Activities; Complete all parts 1-2.****Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- ☐ a. Batteries ☐
- ☐ b. Pesticides ☐
- ☐ c. Mercury containing equipment ☐
- ☐ d. Lamps ☐
- ☐ e. Other (specify) ☐
- ☐ f. Other (specify) ☐
- ☐ g. Other (specify) ☐

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

G. Used Oil Activities; Complete all parts 1-4..**Y ☐ N ☒ 1. Used Oil Transporter**
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-Refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner**Y ☐ N ☒ 3. Used Oil Fuel Marketer****Y ☐ N ☒ 1. Used Oil Fuel Marketer**
If "Yes", mark all that apply.


- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications


Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

Per discussions with DNREC staff (Melissa Ferree) this temporary EPA ID is required for the one time shipment of desulfurization canisters.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Sam Ghezavat – EHS Director	12-23-14

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
19. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
20. Site EPA ID Number	EPA ID Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
21. Site Name	Name: BE Brookside		
22. Site Location Information	Street Address: 513 E Chestnut Hill Road		
	City, Town, or Village: Newark		County: New Castle
	State: Delaware	Country: United States	Zip Code: 19713
23. Site Land Type	<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other		
24. NAICS Code(s) for the Site (at least 5-digit)	A. 221118		C.
	B.		D.
25. Site Mailing Address	Street or P.O. Box: 1299 Orleans Drive		
	City, Town, or Village: Sunnyvale		
	State: CA	Country: United States	Zip Code: 94089
26. Site Contact Person	First Name: Sam		MI: Last: Ghezavat
	Title: EHS Director		
	Street or P.O. Box: 1299 Orleans Drive		
	City, Town or Village: Sunnyvale		
	State: CA	Country: United States	Zip Code: 94089
	Email: Sam.Ghezavat@bloomenergy.com		
	Phone: 408-203-6895	Ext.:	Fax: 408-541-1725
27. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Delaware Department of Transportation (DelDOT)		Date Became Owner: 1/1/1900
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: DelDOT 800 Bay Road PO Box 778		
	City, Town, or Village: Dover		Phone: 800-652-5600
	State: DE	Country: United States	Zip Code: 19903-0778
	B. Name of Site's Operator: Diamond State Generation Partners, LLC		Date Became Operator: 6/14/2012
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**I. Hazardous Waste Activities; Complete all parts 1-10.**Y ☐ N ☒ **5. Transporter of Hazardous Waste**
If "Yes", mark all that apply.Y ☒ N ☐ **1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒ **6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.Y ☐ N ☒ **7. Recycler of Hazardous Waste**Y ☐ N ☒ **8. Exempt Boiler and/or Industrial Furnace** If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption

- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☒ N ☐ **2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.Y ☐ N ☒ **9. Underground Injection Control**Y ☐ N ☒ **3. United States Importer of Hazardous Waste**Y ☐ N ☒ **10. Receives Hazardous Waste from Offsite**Y ☐ N ☒ **4. Mixed Waste (hazardous and radioactive) Generator****J. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒ **1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- ☐ a. Batteries ☐
- ☐ b. Pesticides ☐
- ☐ c. Mercury containing equipment ☐
- ☐ d. Lamps ☐
- ☐ e. Other (specify) ☐
- ☐ f. Other (specify) ☐
- ☐ g. Other (specify) ☐

Y ☐ N ☒ **2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

K. Used Oil Activities; Complete all parts 1-4..Y ☐ N ☒ **1. Used Oil Transporter**
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-Refiner

Y ☐ N ☒ **3. Off-Specification Used Oil Burner**Y ☐ N ☒ **3. Used Oil Fuel Marketer**Y ☐ N ☒ **1. Used Oil Fuel Marketer**
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

☐ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible]

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

[illegible]

12. Notification of Hazardous Secondary Material (HSM) Activity

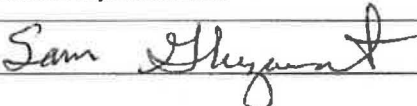
☐ **N** ☒ **Y** Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?


If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Per discussions with DNREC staff (Melissa Ferree) this temporary EPA ID is required for the one time shipment of desulfurization canisters.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Sam Ghezavat – EHS Director	12-23-14

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
28. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
29. Site EPA ID Number	EPA ID Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
30. Site Name	Name: BE JP Morgan		
31. Site Location Information	Street Address: 500 Stanton Christiana Road		
	City, Town, or Village: Newark		County: New Castle
	State: Delaware	Country: United States	Zip Code: 19713
32. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
33. NAICS Code(s) for the Site (at least 5-digit)	A. 221118		C.
	B.		D.
34. Site Mailing Address	Street or P.O. Box: 1299 Orleans Drive		
	City, Town, or Village: Sunnyvale		
	State: CA	Country: United States	Zip Code: 94089
35. Site Contact Person	First Name: Sam	MI:	Last: Ghezavat
	Title: EHS Director		
	Street or P.O. Box: 1299 Orleans Drive		
	City, Town or Village: Sunnyvale		
	State: CA	Country: United States	Zip Code: 94089
	Email: Sam.Ghezavat@bloomenergy.com		
	Phone: 408-203-6895	Ext.:	Fax: 408-541-1725
36. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: JPMorgan Chase Bank NA		Date Became Owner: 2/1/2013
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: 500 Stanton Christiana Road		
	City, Town, or Village: Newark		Phone: 212-270-6000
	State: DE	Country: United States	Zip Code: 19713
	B. Name of Site's Operator: Bloom Energy Corporation		Date Became Operator: 6/22/2014
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

Y ☐ N ☒ 5. Transporter of Hazardous Waste
If "Yes", mark all that apply.

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; **or** Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; **or** Generates, in any calendar month, **or** accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☒ N ☐ 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒ 3. United States Importer of Hazardous Waste

Y ☐ N ☒ 4. Mixed Waste (hazardous and radioactive) Generator

☐ a. Transporter

☐ b. Transfer Facility (at your site)

Y ☐ N ☒ 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒ 7. Recycler of Hazardous Waste

Y ☐ N ☒ 8. Exempt Boiler and/or Industrial Furnace If
"Yes", mark all that apply.

- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒ 9. Underground Injection Control

Y ☐ N ☒ 10. Receives Hazardous Waste from Offsite

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- ☐ a. Batteries
- ☐ b. Pesticides
- ☐ c. Mercury containing equipment
- ☐ d. Lamps
- ☐ e. Other (specify)
- ☐ f. Other (specify)
- ☐ g. Other (specify)

Note: A hazardous waste permit may be required for this activity.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-Refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner

Y ☐ N ☒ 3. Used Oil Fuel Marketer

Y ☐ N ☒ 1. Used Oil Fuel Marketer
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number TXR000081051	2. Page 1 of 1	3. Emergency Response Phone 800.424.3778	4. Manifest Tracking Number 005798808 JJK		
5. Generator's Name and Mailing Address State ID #95519 Bloom Energy of Unicat Services 5918 S. Hwy 55 Abilene, TX 79611		Generator's Site Address (if different than mailing address)					
Generator's Phone:							
6. Transporter 1 Company Name Specialized Waste Systems		U.S. EPA ID Number 35D080870257					
7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address Clean Harbors San Leon, Inc. 2700 Avenue S San Leon, TX 77589		U.S. EPA ID Number TXD981053770					
Facility's Phone:							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
			No.	Type			
	1.	NA 3077, Hazardous Waste, Solid, N.O.S., (Benzene, Metals), 9, PG III	600	CM	15	Y	0001 4938 0018
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information Order # CH8215038 W04 T402159419							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name John Kent		Signature <i>[Signature]</i>		Month Day Year 9/16/14			
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
	Transporter signature (for exports only):						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Wayne Williams		Signature <i>[Signature]</i>		Month Day Year 9/10/14		
	Transporter 2 Printed/Typed Name John Markman		Signature <i>[Signature]</i>		Month Day Year 09/10/14		
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input checked="" type="checkbox"/> Full Rejection						
	Manifest Reference Number:						
	18b. Alternate Facility (or Generator)		U.S. EPA ID Number				
	Facility's Phone:						
	18c. Signature of Alternate Facility (or Generator)				Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H029		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Jason Contreras		Signature <i>[Signature]</i>		Month Day Year 9/20/14			

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number TXR00081631	22. Page 2	23. Manifest Tracking Number 035798808 JTK		
24. Generator's Name Bloom Energy @ Unicom Services 5918 S HWY 35 ALBUQUERQUE, TX 77511						
25. Transporter 3 Company Name Clean Harbors San Juan TX		U.S. EPA ID Number 035372250				
26. Transporter _____ Company Name		U.S. EPA ID Number				
27a HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
AR0						
32. Special Handling Instructions and Additional Information						
TRANSPORTER	33. Transporter 2 Acknowledgment of Receipt of Materials Printed/Typed Name: Jason Contreras Signature: [Signature] Month: 9 Day: 18 Year: 14					
	34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name: Signature: Month: Day: Year:					
DESIGNATED FACILITY	35. Discrepancy					
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number		2. Page 1 of	3. Emergency Response Phone		4. Manifest Tracking Number				
							005736808 JJK				
5. Generator's Name and Mailing Address					Generator's Site Address (if different than mailing address)						
Generator's Phone:											
6. Transporter 1 Company Name					U.S. EPA ID Number						
7. Transporter 2 Company Name					U.S. EPA ID Number						
8. Designated Facility Name and Site Address					U.S. EPA ID Number						
Facility's Phone:											
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
					No.	Type					
	1.							Y			
	2.										
	3.										
	4.										
14. Special Handling Instructions and Additional Information											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Officer's Printed/Typed Name					Signature			Month	Day	Year	
TRANSPORTER INT'L	16. International Shipments: <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____										
	17. Transporter Acknowledgment of Receipt of Materials										
	Transporter 1 Printed/Typed Name					Signature			Month	Day	Year
	Transporter 2 Printed/Typed Name					Signature			Month	Day	Year
DESIGNATED FACILITY	18. Discrepancy										
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
	Manifest Reference Number: _____										
	18b. Alternate Facility (or Generator)					U.S. EPA ID Number					
	Facility's Phone:										
	18c. Signature of Alternate Facility (or Generator)					Signature			Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
	1.	2.	3.	4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a											
	Printed/Typed Name:					Signature			Month	Day	Year



Land Disposal Restriction
Notification Form

Page : 1 of 1

Printed Date : Sept. 15, 2014

MANIFEST INFORMATION

Generator : Bloom Energy @ Unicat Services

Address: 5918 S. Hwy 35
Alvin, TX 77511

Manifest Tracking Info.

n 005798808JJK

EPA ID #: TXR000081631

Sales Order No: 1400679605

LINE ITEM INFORMATION

Line Item:	Page No:	Profile No:	Treatability Group:	LDR Disposal Category
1.	1	CH821503B	NON-WASTEWATER	2 (This is subject to LDR.)

EPA Waste Code

0018

EPA Waste SubCategory

NONE

LDR Chemical Data

Chemical	Underlying Hazardous Constituents	Constituents of Concern	Contaminants Subject to Treatment
Copper Catalyst enzyme			

Certification

Applies to
Manifest Line
Items

Pursuant to 40 CFR 268.7(a), I hereby notify that this shipment contains waste restricted under 40 CFR Part 268.

Waste analysis data, where available, is attached.

Signature :

Print Name

Title :

Date :